

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Bon	70385	7-22-99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	100	68971	8P99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final Original	Date
1	✓	1/2-9-02
2	✓	5-1-01
3	✓	1/1-1-01
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	M N N N	N
10	N N N N	N
11	N N N N	N
12	N N N N	N
13		✓
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If more than 150 claims or 10 actions  
staple additional sheet here